




PTO/SB/21 (modified)

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ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input checked="" type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input checked="" type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: [25] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS: * references not included in page count	

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:			
Typed or Printed Name:	Thomas L. Ewing	Dated:	January 31, 2003
Express Mail Mailing Number (optional):			



84X3=252

FREE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision.		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/497,373
TOTAL AMOUNT OF PAYMENT (\$) 590.00		Filing Date	February 3, 2000
		First Named Inventor	Amir Alon et al.
		Examiner Name	Forest Thompson, Jr.
		Art Unit	3625
		Attorney Docket No.	22930-06086

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) required under 37 CFR 1.16 - 1.21 or credit any overpayments to the deposit account. <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the deposit account. A Duplicate Copy of this authorization is attached		3. ADDITIONAL FEES			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)		0			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
FC:1201 252.00					
Total Claims: 63 -85*- = 0 X 0 = 0					
Independent Claims: 7 -8*- = 0 X 0 = 0					
Multiple Dependent					
Large Entity Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	-18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0			
*or number previously paid, if greater; For Reissues, see above					
		Other fee (specify)			
		SUBTOTAL (3) (\$) 590			
		*Reduced by Basic Filing Fee Paid			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas L. Ewing	Registration No. (Attorney/Agent)	34,328
Signature		Telephone	415-875-2336
		Date	January 31, 2003

†Request for Extension of Time per 37 CFR 1.136(a)(3) made hereby